INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)

	Application Number		10518084
	Filing Date		2005-08-24
	First Named Inventor	Hakar	ENGQVIST
	Art Unit		1793
	Examiner Name	Carol	M. KOSLOW
	Attorney Docket Number		1510-1097

CERTIFICATION STATEMENT

Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):

That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patient office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e/11).

OR

That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquity, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 156(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 157(4)(c)

- See attached certification statement.
- Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

Report Castel

□ None

Name/Print

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Registration Number

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Signature	/Benoit Castel/	Date (YYYY-MM-DD)	2010-02-23		

This collection of information is required by 3T CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is for life and by the USPTO to process) an application. Confidentiality is governed by \$5 U.S. C. 122 and 3T CFR 1.14. This collection is estimated to take it hour to complete, including gathering, preparing and submitting the completed application from the USPTO. Time will vary depending upon the individual case: Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Operatment of Commence, P. 0. Dax 1436, Alexandris, V.3.231.14450. DN OTS CRID FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, V.3.231.1450.

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The Privacy Act of 1974 (P. L. 95.79) requires that you be given certain information in connection with your submission of the attached form reliable to a patient application or patient. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) famishing of the information solicide to inculturally, and (3) the principal purpuse for which the information is used by the U.S. Patient and Trademan Kolline is to process and/or oxomine your submission related to a patient application or patient. If you do not furnish the requested process and/or oxomine your submission related to a patient application or patient. If you do not furnish the requested required to the process of the private of the process of the private of the process of the process

The information provided by you in this form will be subject to the following routine uses:

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